

# Seclusion and Restraint Reduction Intervention Advisory Council Meeting Minutes

August 22, 2008, 9:00 am

Library, 4 South Building

**Type of meeting:** Advisory

**Facilitator:** Ed Riddell, Alternatives to Seclusion and Restraint Coordinator of VSH

**Note taker:** Ed Riddell

**Governing Body Members:** Cathy Rickerby, NAMI Vermont; Jane Winterling, VPS; Jocelyn Hard VP&A; Terry Rowe; David Mitchell; Patrick Kinner; Scott Perry; Anne Jerman; Tom Simpatico

**Attendees:** Michael Sabourin

## **Discussed: Welcome and Introductions**

Ed Riddell welcomed the members of the newly formed council and the public. Each council member introduced themselves and gave a brief summary what areas of influence they represented. ER explained that this was a public meeting and would replace the EIPRP public meeting in regards to mission and information provided.

## **Discussed: Council style and structure**

ER presented the group with many options in regards to its structures, appointment of a Chairperson, rules of respect, etc. for meeting functionality. Terry Rowe requested that this matter be tabled until Bill McMains the grant Principal Investigator can attend. All members were in agreement. *Advisory Council structure will be discussed at the next meeting.*

## **Discussed: Terry Rowe provides SAMHSA Grant Overview**

TR presented a brief overview of the SAMHSA Seclusion and Restraint Reduction Initiatives grant at VSH. The grant initiatives will be generated over the course of the next three years and will overlap with some performance improvements that are all ready occurring at Vermont State Hospital. The Advisory Council will have the opportunity to provide input to the VSH Leadership team around the six core strategies suggested by the grant.

## **Discussed: Advisory Council charge, VSH grant work plan, six core strategy snapshot and ISSRI data**

ER provided all members and public with the Advisory Council's charge and the VSH work plan document for the grant. The topic of advisory powers versus some other form of governance powers was discussed. After the discussion all members seemed in agreement about their purposed role. ER provided the council with a work plan developed from the original grant application that defined grant related responsibilities for assigned individuals or groups. Most assignments involved actions required by the grant coordinator.

The grant's six core strategies were briefly presented; Leadership towards organizational change, Using data to inform practice, Workforce development, Use of S/R Reduction Tools, Consumer roles in inpatient setting, and Debriefing techniques. ER additionally provided copies of the compiled Inventory of Seclusion and Restraint Reduction Interventions (ISSRI) worksheets. This compilation came from CSR who is collecting comparative data from all current grantee sites. This ISSRI benchmarking report showed VSH's submitted data results in comparison with other grantees prior to the beginning of the grant activities. Given the short turn around time Terry Rowe pointed out the VSH's ISSRI submittal process was hurried and that some data may be incorrect. Any omitted data will be included with the next submission, which is likely in October. SAMHSA will conduct a site visit to VSH in December and as part of their process will reconcile any inaccurate data at that time. Members asked who are the other facilities involved in the current grant and did CSR compare benchmark data to other facilities not in this current cohort, but possibly from the last group of grantees. *ER will contact CSR and SAMHSA staff and will provide this information at the next meeting.*

### **Discussed SAMHSA Grant Reduction of Seclusion and Restraint Leadership Training**

On October 27<sup>th</sup> and 28<sup>th</sup>, the Office of Technical Assistance (OTA) will provide training specific to the operation and in support of the grant. The venue is now the exhibition hall at the Sheraton Hotel in Burlington. The venue had to be moved to accommodate all the interested attendees. Members were encouraged to invite as many VSH staff, consumers, family members, and advocates as possible if it would actually be a useful training to them. More information about this training will be forthcoming.

### **Discussed S/R and Injury Data for VSH**

Current seclusion, restraint, and injury data were provided to the members and public. Scott Perry pointed out that he was aware of data errors for June and July 2008. Terry Rowe also cautioned that this data should be considered in draft form when being reviewed. Jane Winterling opined that trust is very important for this grant advisory council process. This sentiment was echoed by Tom Simpatico who went on to clarify the importance of using good data due to the small population served at VSH. TS explained that with a smaller census a few outliers could strongly impact data. David Mitchell expressed interest in continuing to receive S/R data that is broken into shifts and units to provide deeper analysis. *ER will provide future data with "Draft" written on it until vetted by SAMHSA or the VSH.*

### **Discussed Sensory Modulation Room in new Treatment Mall**

Patrick Kinner explained that one of the rooms in the new Treatment Mall is designated as a quiet or sensory modulation room. PK was interested in resolving the issue of how the room should be used currently awaiting sensory modulation activities to take place in the next year. TR explained that this was an issue for future discussion as the council gets closer to actually recommending when sensory modulation training and activities would best be initiated. Anne Jerman explained that the room's off unit location also makes it difficult to access or staff for during hours when the Treatment Mall is not open. All members agreed to table this discussion for the future and VSH Leadership will resolve what purpose the room will temporarily serve.

### **Discussed Change of Meeting Time and Day**

Anne Jerman asked that we look at changing our meeting time and day. A change might assist in recruiting a Psychiatric Technician and a Nurse on to the Advisory Council. These two positions were designated from the beginning, but no candidate was available due to the time/day of the first meeting. ER suggested that the Advisory Council meet during the old EIPRP time/day period of the 3<sup>rd</sup> Thursday of each month from 1:30 to 3:30 pm. All members agreed. *ER will contact Denise McCarty to have SRRI Advisory Council monthly meeting day and time changed. AJ will work on recruiting a Psychiatric Technician and a Nurse to fill those open positions before next months meeting.*

### **Discussed Strategic Planning**

ER provided three samples of strategic planning tools that have either been used at VSH or found in grant materials. Due to the lack of time these tools will be reviewed individually by members and discussed at the next meeting. *ER will present the strategic planning tools next month for acceptance.*

### **Public Comment**

Michael Sabourin said he had no comment.

The meeting adjourned at 10:59 am. The next meeting will be on Thursday September 18<sup>th</sup> at 1:30 pm in the VSH Library.

Respectfully submitted,

Ed Riddell  
Minute taker